

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90056 036 ***158.75

DOCUMENT # P96000089384

1. Entity Name

SUSHI SIAM, INC.

Principal Place of Business

**C/O FOUR AMBASSADORS
 801 S. BAYSHORE DR.
 MIAMI FL 33131**

Mailing Address

**C/O FOUR AMBASSADORS
 801 S. BAYSHORE DR.
 MIAMI FL 33131**

915016



2. Principal Place of Business

3. Mailing Address

7510 BEACH VIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH BAY VILLAGE

4. FEI Number

65-0708782

Applied For

Not Applicable

Zip

Country

Zip

33141

Country

FL

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, WILLIAM B

-1390 S DIXIE HWY

SUITE 1304

CORAL GABLES FL 33146

Name

SIRIPHAN KNATTONGCOME

Street Address (P.O. Box Number is Not Acceptable)

1260 NE. 97TH ST.

City

MIAMI SHORE

FL

Zip Code

33138

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

S. Knattongcome

SIRIPHAN KNATTONGCOME

1-12-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KNATTONGCOME, SIRIPHAN**
 CITY-ST-ZIP **1260 NE 91 ST
 MIAMI SHORES FL 33138**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIRIPHAN KNATTONGCOME

1-12-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)